## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/530577

CLAIMS AS FILED - PART I (Column 1) (Column 2)							\$	SMALL I	ENTITY	OR	OTHER SMALL	1	
FOR			NUMBER FILED			NUMBER EXTRA		Г	RATE	FEE	] [	RATE	FEE
BASIC FEE				- <del>-</del>	1					345.00	OR	970.	690.00
TOTAL CLAIMS			30 minus 20=			· 30			X\$ 9=		OR	X\$18=	541
INDEPENDENT CLAIMS			2 minus 3 =			*			X39=		OR	X78=	- 117
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	<del></del>	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	1510		
CLAIMS AS AMENDED - PART II									,		1~,,	OTHER	
		(Colu	mn 1)	-	· (C	Column 2)	(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIN REMAIN AFTE AMENDI			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent			Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIO	N OF MU	JEHPLE DE	PENE	JENI CLAIM	<u></u>		+130=		OR	+260=	
								L	TOTAL		ΛĖ	TOTAL	
		(Colu	mn 1\		ıc	Column 2)	(Column 3)	AD	DIT. FEE		10.1	ADDIT. FEE	<u></u>
3		CLA	mn 1)			Column 2)	(Column 3)	AD	DIT. FEE	ADDI-	] ]	ADDIT. FEE	ADDI-
IENT B		REMA AF			PF		(Column 3) PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		ADDIT. FEE	ADDI- TIONAL FEE
NDMENT B	Total	REMA AF	AIMS AINING TER	Minus	PF	HIGHEST NUMBER REVIOUSLY	PRESENT			TIONAL	OR		TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI *	AIMS AINING TER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL	OR	RATE	TIONAL
AMENDMENT B		CLA REMA AF AMENI *	AIMS AINING TER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39=	TIONAL	OR OR	RATE  X\$18=  X78=	TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI *	AIMS AINING TER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39= +130=	TIONAL	OR OR	RATE  X\$18=  X78= +260=	TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI *	AIMS AINING TER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39=	TIONAL	OR OR	RATE  X\$18=  X78=	TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI * * * ENTATIO	MMS NINING TER DMENT  N OF MU	Minus	** *** EPENE	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM Column 2)	PRESENT EXTRA		RATE  X\$ 9=  X39=  +130=  TOTAL	TIONAL	OR OR	RATE  X\$18=  X78= +260=  TOTAL	TIONAL
3	Independent	CLA REMA AF AMENI  *  *  COlu CLA REMA AF	NIMS NINING TER DMENT	Minus	PP ***  ***  COLUMN TO THE PENE	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = =	AD	RATE  X\$ 9=  X39=  +130=  TOTAL	TIONAL	OR OR	RATE  X\$18=  X78= +260=  TOTAL	TIONAL
3	Independent	CLA REMA AF AMENI  *  *  COlu CLA REMA AF	MMS AINING TER DMENT  N OF MU  MMS AINING TER	Minus	PP ***  ***  COLUMN TO THE PENE	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA  = = (Column 3) PRESENT	AD	RATE  X\$ 9=  X39=  +130=  TOTAL  DDIT. FEE	ADDI- TIONAL	OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE	ADDI- TIONAL
3	Independent FIRST PRESE	CLA REMA AF AMENI  *  *  *  COlu CLA REMA AF AMENI  *  *	MMS AINING TER DMENT  N OF MU  MIMS AINING TER DMENT	Minus  JLTIPLE DE	PF CONTRACTOR OF THE PENE	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =  =	AD	RATE  X\$ 9=  X39=  +130=  TOTAL  DDIT. FEE  RATE  X\$ 9=	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78= +260=  TOTAL ADDIT. FEE  RATE  X\$18=	ADDI- TIONAL
	Independent FIRST PRESE	CLA REMA AF AMENI  *  *  *  COlu CLA REMA AF AMENI  *  *	MMS AINING TER DMENT  N OF MU  MIMS AINING TER DMENT	Minus  JLTIPLE DE	PF CONTRACTOR OF THE PENE	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =  =	AD	RATE  X\$ 9=  X39=  +130=  TOTAL POIT. FEE	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=	ADDI- TIONAL
AMENDMENT C	Independent FIRST PRESE  Total Independent FIRST PRESE	CLA REMA AF AMENI  *  *  COlu CLA REMA AF AMENI  *  *  *  *  *  *  *  *  *  *  *  *  *	MMS AINING TER DMENT  N OF MU  MIMS AINING TER DMENT	Minus  JLTIPLE DE  Minus  Minus  JLTIPLE DE	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM	PRESENT EXTRA  = = (Column 3) PRESENT EXTRA  = =	AD	RATE  X\$ 9=  X39= +130=  TOTAL DDIT. FEE  RATE  X\$ 9=  X39= +130=	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=  +260=	ADDI- TIONAL FEE
- AMENDMENT C	Independent FIRST PRESE	CLA REMA AF AMENI  *  *  *  *  *  *  *  *  *  *  *  *  *	MMS AINING TER DMENT  N OF MU  MIMS AINING TER DMENT  N OF MU  AISS than the viously Paragraph P	Minus  JLTIPLE DE  Minus  Minus  JLTIPLE DE	PP ***  ***  CPENE	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  , write "0" in co	PRESENT EXTRA  = = (Column 3) PRESENT EXTRA  = = =	AD	RATE  X\$ 9=  X39= +130=  TOTAL DIT. FEE  RATE  X\$ 9=  X39=	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=	ADDI- TIONAL FEE